

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10730271

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
5		↓				
6		2				
7		2				
8		1				
9		1				
10		1				
11		1				
12	1					
13		1				
14	1					
15		1				
16						
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19		2				
20		2				
21		1				
22	1					
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50						
TOTAL IND.	24					
TOTAL DEP.		24				
TOTAL CLAIMS	28					

	IND		DEP		IND		DEP		IND		DEP	
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TOTAL DEP.												
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